DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: OAK CREST BLAKEWOOD HOME (310275)

Address: 3407 S BLAKEWOOD AVE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 08/04/1995

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095824 End Date: 10/18/2005 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009470 Served 11/05/2005

Compliance

<u>Deficiencies Cited</u> <u>Subject Area</u> <u>Verified</u> <u>Corrected</u> 83.32(2)(c)1 ANNUAL EVALUATION-PARTICIPATION

Survey ID: 0093760 End Date: 07/11/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 04/23/2004 Date Investigation Completed: 07/11/2004

Subject Area(s) Result

ABUSE NOT SUBSTANTIATED